

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

National Surgical Hospitals Inc. PAC

ADDRESS (number and street)

30 South Wacker Drive

Suite 2302

☐Check if different
than previously
reported. (ACC)

Chicago

IL

60606

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00435453

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☒January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

07

01

2007

through

12

31

2007

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Bryan S. Fisher

Signature of Treasurer

Electronically Filed by Bryan S. Fisher

Date

01

07

2008

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
National Surgical Hospitals Inc. PAC

Report Covering the Period:

From:

M	M		D	D		Y	Y	Y	Y
0	7		0	1		2	0	0	7

To:

M	M		D	D		Y	Y	Y	Y
1	2		3	1		2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2007		0.00
(b) Cash on Hand at Beginning of Reporting Period	0.00	
(c) Total Receipts (from Line 19)	46175.00	46175.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	46175.00	46175.00
7. Total Disbursements (from Line 31)	2500.00	2500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	43675.00	43675.00
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

National Surgical Hospitals Inc. PAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	7	0	1	2	0	0	7

To:

M	M	D	D	Y	Y	Y	Y
1	2	3	1	2	0	0	7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	41300.00	41300.00
(i) Itemized (use Schedule A)	875.00	875.00
(ii) Unitemized	42175.00	42175.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	4000.00	4000.00
(c) Other Political Committees (such as PACs)	46175.00	46175.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)		
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	46175.00	46175.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	46175.00	46175.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00
(i) Federal Share.....		
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2500.00	2500.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	2500.00	2500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2500.00	2500.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	46175.00	46175.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	46175.00	46175.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 30

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Surgical Hospitals Inc. PAC

A.

Full Name (Last, First, Middle Initial)

Eva-Marie Alexander

Mailing Address 1127 E. Del Mar Blvd.
Apt. 412

City State Zip Code
Pasadena CA 91106

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Specialty Hospi-
tals

Occupation
Business Director of Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 5 / 2 0 0 7

Transaction ID: SA11AI.4187

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Roberto Aranibar

Mailing Address 4410 Medical Drive
Suite 610

City State Zip Code
San Antonio TX 78229

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 7

Transaction ID: SA11AI.4243

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Thomas Beaton

Mailing Address 750 N. Syringa 203

City State Zip Code
Post Falls ID 83854

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 7

Transaction ID: SA11AI.4260

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 30

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Surgical Hospitals Inc. PAC

A.

Full Name (Last, First, Middle Initial)

Robert R. Bell

Mailing Address 4780 Turtle Dove Court

City

El Paso

State

TX

Zip Code

79922

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 6 / 2 0 0 7

Transaction ID: SA11AI.4241

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Joe Paul Bramhall

Mailing Address 5026 Augusta Cir.

City

College Station

State

TX

Zip Code

77845

FEC ID number of contributing
federal political committee.

C

Name of Employer
CTSM & O, Bryan Tx

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 0 / 2 0 0 7

Transaction ID: SA11AI.4143

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr. Richard F. Bruch

Mailing Address 207 Pineview Rd.

City

Durham

State

NC

Zip Code

27707

FEC ID number of contributing
federal political committee.

C

Name of Employer
Triangle Orthopaedic Asso-
ciate

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 5 / 2 0 0 7

Transaction ID: SA11AI.4163

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 30

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Surgical Hospitals Inc. PAC

A.

Full Name (Last, First, Middle Initial)

Edmund T. Callahan

Mailing Address 19210 Barrow Bay

City

San Antonio

State

TX

Zip Code

78258

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Surgical Hospi-
als

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 3 / 2 0 0 7

Transaction ID: SA11AI.4220

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Eric F. Caporusso

Mailing Address 5833 Perth Drive

City

Eau Claire

State

WI

Zip Code

54703

FEC ID number of contributing
federal political committee.

C

Name of Employer
Chippewa Valley Foot and
Ankle

Occupation
Podiatrist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 7

Transaction ID: SA11AI.4222

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Wesley Chick

Mailing Address 5124 Scarborough Lane

City

Dallas

State

TX

Zip Code

75287

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Surgical Hospi-
als

Occupation
Vice President - Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 0 / 2 0 0 7

Transaction ID: SA11AI.4115

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 30

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

National Surgical Hospitals Inc. PAC

A.

Full Name (Last, First, Middle Initial)

Scott B. Clark

Mailing Address 731 Gateshead Dr.

City

Naperville

State

IL

Zip Code

60565

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Surgical Hospi-
als

Occupation

Senior Vice President - General Counse

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	5		2	0	0	7

Transaction ID: SA11AI.4160

Amount of Each Receipt this Period

2000.00

B.

Full Name (Last, First, Middle Initial)

Stephen Crumbaugh

Mailing Address 1823 W Melrose St.

City

Chicago

State

IL

Zip Code

60657

FEC ID number of contributing
federal political committee.

C

Name of Employer
NSH

Occupation

VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	9		2	0	0	7

Transaction ID: SA11AI.4249

Amount of Each Receipt this Period

900.00

C.

Full Name (Last, First, Middle Initial)

Roger C. Dunteman

Mailing Address 380 Ironwood
Suite 202

City

Couer D Alene

State

ID

Zip Code

83814

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	5		2	0	0	7

Transaction ID: SA11AI.4183

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

3150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 30

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Surgical Hospitals Inc. PAC

A.

Full Name (Last, First, Middle Initial)

Stephen Endres

Mailing Address 615 Foxmoor Ln.

City

Eau Claire

State

WI

Zip Code

54701

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pain Clinic of Northwest-
ern WI

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 7

Transaction ID: SA11AI.4250

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

John M. Evans

Mailing Address 625 Shoreline Court

City

Eau Claire

State

WI

Zip Code

54703

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eau Claire Anesthesia Ltd

Occupation
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 3 / 2 0 0 7

Transaction ID: SA11AI.4234

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Bryan S. Fisher

Mailing Address 30 South Wacker Drive
Suite 2302

City

Chicago

State

IL

Zip Code

60606

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Surgical Hospi-
tals

Occupation
Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 0 / 2 0 0 7

Transaction ID: SA11AI.4114

Amount of Each Receipt this Period

2000.00

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 30

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Surgical Hospitals Inc. PAC

A.

Full Name (Last, First, Middle Initial)

Ruthann A. Fitch

Mailing Address 3359 W. 3800 S.

City

Wellsville

State

UT

Zip Code

84339

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cache Valley Specialty Ho-
spital

Occupation

Director - HR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 5 / 2 0 0 7

Transaction ID: SA11AI.4177

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Michelle C Fortune

Mailing Address 4322 Spring Hill Dr.

City

College Station

State

TX

Zip Code

77845

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Physician's Centre

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 0 / 2 0 0 7

Transaction ID: SA11AI.4125

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Jeff Fowler

Mailing Address 2986 Sinks Canyon Rd.

City

Lander

State

WY

Zip Code

82520

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 7 / 2 0 0 7

Transaction ID: SA11AI.4230

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 30

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Surgical Hospitals Inc. PAC

A.

Full Name (Last, First, Middle Initial)

Paul Gallagher

Mailing Address 6321 Franklin Desert

City

El Paso

State

TX

Zip Code

79912

FEC ID number of contributing
federal political committee.

C

Name of Employer
El Paso Specialty Hospital

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 0 / 2 0 0 7

Transaction ID: SA11AI.4145

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Sylvia Garcia

Mailing Address 14032 Cedar Canyon

City

San Antonio

State

TX

Zip Code

78231

FEC ID number of contributing
federal political committee.

C

Name of Employer
South Texas Spine and Sur-
gical

Occupation
CAO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 7

Transaction ID: SA11AI.4258

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

David S. Geary

Mailing Address 259 West 1800 North

City

Logan

State

UT

Zip Code

84341

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cache Valley Specialty Ho-
spita

Occupation
CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 5 / 2 0 0 7

Transaction ID: SA11AI.4175

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 30

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Surgical Hospitals Inc. PAC

A.

Full Name (Last, First, Middle Initial)

Peter W. Gilmer

Mailing Address 3211 Moores Mill Road

City

Rougemont

State

NC

Zip Code

27572

FEC ID number of contributing
federal political committee.

C

Name of Employer
Triangle Orthopaedics

Occupation
Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 10 / 2007

Transaction ID: SA11AI.4107

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Gregg S. Gurwitz

Mailing Address 417 Tower Drive

City

San Antonio

State

TX

Zip Code

78232

FEC ID number of contributing
federal political committee.

C

Name of Employer
Spine Clinic

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
10 / 17 / 2007

Transaction ID: SA11AI.4226

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Elizabeth Hakal

Mailing Address 1040 East Shangri La Rd.

City

Phoenix

State

AZ

Zip Code

85020

FEC ID number of contributing
federal political committee.

C

Name of Employer
Canyon Surgery Center

Occupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 25 / 2007

Transaction ID: SA11AI.4156

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 30

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Surgical Hospitals Inc. PAC

A.

Full Name (Last, First, Middle Initial)

Stacy J. Hayes

Mailing Address 1237 N. Renee Ave.

City

Gilbert

State

AZ

Zip Code

85234

FEC ID number of contributing
federal political committee.

C

Name of Employer
Arizona Spine & Joint Hos-
pital

Occupation

Chief Nursing Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 0 / 2 0 0 7

Transaction ID: SA11AI.4139

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Rebecca N. Hingston

Mailing Address 4605 Rollingwood Dr.

City

Durham

State

NC

Zip Code

27713

FEC ID number of contributing
federal political committee.

C

Name of Employer
North Carolina Specialty
Hospi

Occupation

CNO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 0 / 2 0 0 7

Transaction ID: SA11AI.4127

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Peter Holm

Mailing Address 900 College Avenue West

City

Ladysmith

State

WI

Zip Code

54848

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 3 / 2 0 0 7

Transaction ID: SA11AI.4292

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 30

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Surgical Hospitals Inc. PAC

A.

Full Name (Last, First, Middle Initial)

Robert Hume

Mailing Address 935 N. Moonlight Dr.

City

Altoona

State

WI

Zip Code

54720

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Podiatrist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 0 7

Transaction ID: SA11AI.4239

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

James Iwakiri

Mailing Address 3228 Cherrywood Ln.

City

Eau Claire

State

WI

Zip Code

54701

FEC ID number of contributing
federal political committee.

C

Name of Employer
Western Wisconsin Urology

Occupation
Urologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 7 / 2 0 0 7

Transaction ID: SA11AI.4228

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

John S. Jackson

Mailing Address 4843 Olmos St.

City

El Paso

State

TX

Zip Code

79922

FEC ID number of contributing
federal political committee.

C

Name of Employer
EPOSG

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 5 / 2 0 0 7

Transaction ID: SA11AI.4165

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1300.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 30

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

National Surgical Hospitals Inc. PAC

A.

Full Name (Last, First, Middle Initial)

Kimberly C. Jones

Mailing Address 1252 Sumac Dr.

City

Logan

State

UT

Zip Code

84321

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cache Valley Specialty Ho-
spita

Occupation

Chief Nursing Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	2	5	/	2	0	0	7

Transaction ID: SA11AI.4173

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

David W. Jordan

Mailing Address 1563 Culpepper Dr.

City

Naperville

State

IL

Zip Code

60540

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Surgical Hospita-
ls

Occupation

Vice President - Information Systems

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	0	/	2	0	0	7

Transaction ID: SA11AI.4131

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Dr. David J Katz

Mailing Address 3722 Gold Ridge Road

City

Eau Claire

State

WI

Zip Code

54701

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	3	/	2	0	0	7

Transaction ID: SA11AI.4214

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 30

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Surgical Hospitals Inc. PAC

A.

Full Name (Last, First, Middle Initial)

Bernard A. Ketelaar

Mailing Address 507 Reliance Court

City

Oswego

State

IL

Zip Code

60543

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Surgical Hospi-
als

Occupation

Director - Financial Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 5 / 2 0 0 7

Transaction ID: SA11AI.4152

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

David J. Mansfield

Mailing Address 5550 Cory Dr.

City

El Paso

State

TX

Zip Code

79932

FEC ID number of contributing
federal political committee.

C

Name of Employer
El Paso Specialty Hospital

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 6 / 2 0 0 7

Transaction ID: SA11AI.4216

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Gilbert Meadows

Mailing Address 807 Contour Drive

City

San Antonio

State

TX

Zip Code

78212

FEC ID number of contributing
federal political committee.

C

Name of Employer
Spine Clinic

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 7 / 2 0 0 7

Transaction ID: SA11AI.4224

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 30

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Surgical Hospitals Inc. PAC

A.

Full Name (Last, First, Middle Initial)

Robert A. Narotzky

Mailing Address P.O. Box 50670

City

Casper

State

WY

Zip Code

82605

FEC ID number of contributing
federal political committee.

C

Name of Employer
Central Wyoming Neurosurgery

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 2 / 2 0 0 7

Transaction ID: SA11AI.4286

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Stephen W. Noltner

Mailing Address 3764 Timber Creek Court

City

Eau Claire

State

WI

Zip Code

54701

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eau Claire Anesthesiologists

Occupation
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 3 / 2 0 0 7

Transaction ID: SA11AI.4252

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Adam Olscamp

Mailing Address 850 Ironwood Dr.
Suite 202

City

Coeur D Alene

State

ID

Zip Code

83814

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 0 / 2 0 0 7

Transaction ID: SA11AI.4171

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 30

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

National Surgical Hospitals Inc. PAC

A.

Full Name (Last, First, Middle Initial)

Roger A. Olson

Mailing Address 396 North 300 East

City

Providence

State

UT

Zip Code

84332

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cache Valley Specialty Hos-
pital

Occupation

Physical Therapist Admin

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	0	/	2	0	0	7

Transaction ID: SA11AI.4141

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Raphael S. Orenstein

Mailing Address 103 Buckeye Lane

City

Chapel Hill

State

NC

Zip Code

27516

FEC ID number of contributing
federal political committee.

C

Name of Employer
Triangle Orthopaedics

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	2	5	/	2	0	0	7

Transaction ID: SA11AI.4169

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Thomas Peller

Mailing Address 3802 Timber Trails Court

City

Eau Claire

State

WI

Zip Code

54701

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	0	/	2	0	0	7

Transaction ID: SA11AI.4262

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 30

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Surgical Hospitals Inc. PAC

A.

Full Name (Last, First, Middle Initial)

Randi L. Pisko

Mailing Address 203 Hogan Woods Circle

City

Chapel Hill

State

NC

Zip Code

27516

FEC ID number of contributing
federal political committee.

C

Name of Employer
North Carolina Specialty
Hosp

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 5 / 2 0 0 7

Transaction ID: SA11AI.4193

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Bernard D. Presutti

Mailing Address 2060 N. Oakley

City

Chicago

State

IL

Zip Code

60647

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Surgical Hospita-
ls

Occupation
Vice President - HR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 0 / 2 0 0 7

Transaction ID: SA11AI.4129

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Tom L. Rees

Mailing Address 1167 East Windsor Drive

City

River Heights

State

UT

Zip Code

84321

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cache Valley Specialty Ho-
spita

Occupation
Physical Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 5 / 2 0 0 7

Transaction ID: SA11AI.4179

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 30

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Surgical Hospitals Inc. PAC

A.

Full Name (Last, First, Middle Initial)

John G. Rex-Waller

Mailing Address 210 Broadway

City

Wilmette

State

IL

Zip Code

60091

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Surgical Hospi-
als

Occupation

CEO & President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 5 / 2 0 0 7

Transaction ID: SA11AI.4167

Amount of Each Receipt this Period

2000.00

B.

Full Name (Last, First, Middle Initial)

Charles E. Ribbe

Mailing Address 6371 W. Linda Lane

City

Chandler

State

AZ

Zip Code

85226

FEC ID number of contributing
federal political committee.

C

Name of Employer
Arizona Spine & Joint Hos-
pital

Occupation

CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 0 / 2 0 0 7

Transaction ID: SA11AI.4137

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Michael J. Rice

Mailing Address 1721 Austin Ct.

City

Wheaton

State

IL

Zip Code

60187

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Surgical Hospi-
als

Occupation

Vice President - Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 0 / 2 0 0 7

Transaction ID: SA11AI.4133

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

3250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 30

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Surgical Hospitals Inc. PAC

A.

Full Name (Last, First, Middle Initial)

David L. Sappenfield

Mailing Address 6 Pearse Wynd Road

City

Bahama

State

NC

Zip Code

27503

FEC ID number of contributing
federal political committee.

C

Name of Employer
NC Eye, Ear, Nose & Throat, PA

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 7

Transaction ID: SA11AI.4218

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Kristin Lynn Schmidt

Mailing Address 3131 E. Cottonwood Ln.

City

Phoenix

State

AZ

Zip Code

85048

FEC ID number of contributing
federal political committee.

C

Name of Employer
Arizona Spine & Joint Hospital

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 0 / 2 0 0 7

Transaction ID: SA11AI.4135

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Donna Schoenfelder

Mailing Address 1110 Oakridge Drive

City

Eau Claire

State

WI

Zip Code

54701

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 7

Transaction ID: SA11AI.4264

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 30

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Surgical Hospitals Inc. PAC

A.

Full Name (Last, First, Middle Initial)

Saul Schreiber

Mailing Address 6525 N. Central Ave.

City

Phoenix

State

AZ

Zip Code

85012

FEC ID number of contributing
federal political committee.

C

Name of Employer
Desert Orthopedics & Rehab

Occupation

Orthopedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 7

Transaction ID: SA11AI.4245

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Charles Smith

Mailing Address 130 Blackstone Ct.

City

Auburn

State

CA

Zip Code

95603

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Surgical Hospita-
ls

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 5 / 2 0 0 7

Transaction ID: SA11AI.4191

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Steve Smith

Mailing Address 11041 E. Nell Ave.

City

Mesa

State

AZ

Zip Code

85209

FEC ID number of contributing
federal political committee.

C

Name of Employer
NSH

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 7

Transaction ID: SA11AI.4254

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 30

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

National Surgical Hospitals Inc. PAC

A.

Full Name (Last, First, Middle Initial)

Dennis D. Solheim

Mailing Address 905 Middleton Ln.

City

Inverness

State

IL

Zip Code

60010

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Surgical Hospi-
als

Occupation

Chief Development Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	5		2	0	0	7

Transaction ID: SA11AI.4150

Amount of Each Receipt this Period

2000.00

B.

Full Name (Last, First, Middle Initial)

Mike L. Staheli

Mailing Address 7896 N. Hwy 91

City

Smithfield

State

UT

Zip Code

84335

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cache Valley Specialty Ho-
spita

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	5		2	0	0	7

Transaction ID: SA11AI.4181

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mark C. Steinmetz

Mailing Address 16611 - 96th

City

Cheppewa Falls

State

WI

Zip Code

54729

FEC ID number of contributing
federal political committee.

C

Name of Employer
NW Rad One Assoc. S.C.

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	9		2	0	0	7

Transaction ID: SA11AI.4236

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

2800.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 30

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Surgical Hospitals Inc. PAC

A.

Full Name (Last, First, Middle Initial)

Steve Stenzel

Mailing Address 3614 Pine Place

City

Eau Claire

State

WI

Zip Code

54701

FEC ID number of contributing
federal political committee.

C

Name of Employer
Stenzel Clinic for Women's
Hea

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 9 / 2 0 0 7

Transaction ID: SA11AI.4256

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Peggy S. Wellman

Mailing Address 2399 Gillingham Cir.

City

Thousand Oaks

State

CA

Zip Code

91362

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Surgical Hospital

Occupation
Vice President - Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 0 / 2 0 0 7

Transaction ID: SA11AI.4148

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

William E. Wilson

Mailing Address 1817 Patrick Henry Lane

City

Hillsborough

State

NC

Zip Code

27278

FEC ID number of contributing
federal political committee.

C

Name of Employer
North Carolina Specialty
Hospi

Occupation
CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 8 / 2 0 0 7

Transaction ID: SA11AI.4290

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 30

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Surgical Hospitals Inc. PAC

A.

Full Name (Last, First, Middle Initial)

Brent M Wogan

Mailing Address 3702 Timber Trails Court

City

Eau Claire

State

WI

Zip Code

54701

FEC ID number of contributing
federal political committee.

C

Name of Employer
Evergreen Surgical

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 9 / 2 0 0 7

Transaction ID: SA11AI.4213

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Donna Worsham

Mailing Address 5940 Red Hill Lane

City

Frisco

State

TX

Zip Code

75034

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Surgical Hospita-
ls

Occupation
Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 5 / 2 0 0 7

Transaction ID: SA11AI.4189

Amount of Each Receipt this Period

2000.00

C.

Full Name (Last, First, Middle Initial)

Carolee Brinkman Young

Mailing Address 221 Albion St.

City

Denver

State

CO

Zip Code

30207

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Surgical Hospita-
ls

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 1 / 2 0 0 7

Transaction ID: SA11AI.4154

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

3500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 30

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Surgical Hospitals Inc. PAC

A.

Full Name (Last, First, Middle Initial)

Gerardo Zavala

Mailing Address 6 Sherborne Ln.

City

San Antonio

State

TX

Zip Code

78257

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 1 / 2 0 0 7

Transaction ID: SA11AI.4284

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

500.00

TOTAL This Period (last page this line number only)

41300.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 30

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Surgical Hospitals Inc. PAC

A.

Full Name (Last, First, Middle Initial)

TRIANGLE ORTHOPAEDIC ASSOCIATES PA POLITICAL ACTION COMMITTEE INC

Mailing Address 120 WILLIAM PENN PLAZA

City

DURHAM

State

NC

Zip Code

27704

FEC ID number of contributing
federal political committee.

C C00418582

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 0 / 2 0 0 7

Transaction ID: SA11C.4112

Amount of Each Receipt this Period

4000.00

SUBTOTAL of Receipts This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

4000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 29 / 30

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Surgical Hospitals Inc. PAC

A. Full Name (Last, First, Middle Initial)
CHET EDWARDS FOR CONGRESS

Mailing Address PO Box 23273

City WACO State TX Zip Code 76702

Purpose of Disbursement

Candidate Name
CHET EDWARDSCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: TX District: 17

Transaction ID: SB23.4269

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	6	/	2	0	0	7

Amount of Each Disbursement this Period

500.00

B. Full Name (Last, First, Middle Initial)
CIRO D. RODRIGUEZ FOR CONGRESS

Mailing Address PO Box 14528

City San Antonio State TX Zip Code 78214

Purpose of Disbursement

Candidate Name
CIRO D RODRIGUEZCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: TX District: 23

Transaction ID: SB23.4270

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	6	/	2	0	0	7

Amount of Each Disbursement this Period

500.00

C. Full Name (Last, First, Middle Initial)
JOHN SHADEGGS FRIENDS

Mailing Address PO BOX 45444

City Phoenix State AZ Zip Code 85064

Purpose of Disbursement

Candidate Name
JOHN B. SHADEGGCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: AZ District: 03

Transaction ID: SB23.4271

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	6	/	2	0	0	7

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 30 / 30

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Surgical Hospitals Inc. PAC

A.

Full Name (Last, First, Middle Initial)

MICHAEL BURGESS FOR CONGRESS

Mailing Address PO Box 2334

City
DentonState
TXZip Code
76202

Purpose of Disbursement

Candidate Name
MICHAEL C DR. BURGESSCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: TX District: 26

Transaction ID: SB23.4209

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	6	/	2	0	0	7

Amount of Each Disbursement this Period

500.00

B.

Full Name (Last, First, Middle Initial)

UDALL FOR US ALL

Mailing Address PO Box 208

City
Santa FeState
NMZip Code
87504

Purpose of Disbursement

Candidate Name
TOM UDALLCategory/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: NM District: 03

Transaction ID: SB23.4272

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	6	/	2	0	0	7

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

2500.00